

Borough of Mansfield.



ANNUAL REPORT

ON THE

School Medical Service

For the Year 1928,



By

J. E. WILSON, M.D., D.P.H.

School Medical Officer.

MANCHESTER,
PRINTED IN ENGLAND BY WILSON, PATERSON, LTD., MANCHESTER,
1928.

Borough of Mansfield.

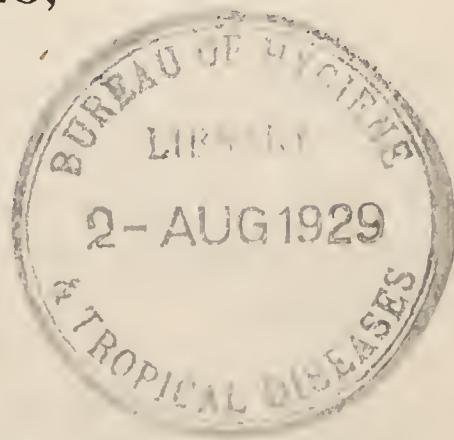


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BOROUGH OF MANSFIELD.



PUBLIC HEALTH DEPARTMENT,
EXCHANGE Row,
MANSFIELD,

March, 1929.

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my Seventh Annual Report, dealing with the School Medical Services during the year 1928.

The form of report follows the arrangements laid down by the Board of Education in their revised Memorandum, dated 30th November, 1925.

The period under review has again been a difficult one for many of the inhabitants of the Borough owing to the continued prevalence of low wages and unemployment. In spite of this, however, there has been no excessive illness which could reasonably be associated with the prevailing economic conditions.

Under Section 84 of the Education Act of 1921, the provision of a mid-day meal for necessitous cases was commenced in February and was continued throughout the year.

Towards the close of the year, Dr. Jessie Smith resigned her appointment as Assistant Medical Officer to take a similar position in Exeter.

Throughout the past three years, Dr. Smith has rendered an invaluable contribution to the Public Health and School

Medical Services of the town. No one could have had a more loyal and painstaking colleague.

All my Staff have worked hard throughout another year of considerable activity.

I am also grateful for the constant sympathy and interest which I have received from your Committee, and for its willing and generous response to any suggestions which might benefit our school children.

I have the honour to be,

Your obedient Servant,

JAMES E. WILSON,

School Medical Officer.





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Report on the Work of School Medical Inspection and Treatment

During the Year ended 31st December, 1928.

1.—STAFF.

(1) *School Medical Officer* - - - J. E. WILSON, M.D., D.P.H.

(2) *Assistant School Medical Officer* - Miss JESSIE SMITH, M.B., D.P.H.

(3) *Dental Surgeon (whole-time)* :
Mr. JAMES STEWART, L.D.S., R.C.S. (Edin.), appointed
1st October, 1927.

(4) *Three full-time School Nurses* :
(a) Miss MARJORIE A. RUGG, Senior School Nurse,
Three years General Training Certificate,
C.M.B. Certificate ;
(b) Miss K. S. TOMPKINS,
Three years General Training Certificate,
C.M.B. Certificate ;
(c) Miss GRACE SLACK, appointed 23rd May, 1927,
Three years General Training Certificate.

(5) *Clerks* :
Miss D. ROBERTS, appointed 2nd June, 1923 ; half time is
devoted to clerical work in the Maternity and Child
Welfare Department ;
Miss EILEEN FRAME, appointed as Dental Clerk 10th October,
1927.

(6) *Ophthalmic Department (part-time Officer)* :
Mr. A. CHRISTIE REID, M.D., D.O. (Oxon.), *Ophthalmic Surgeon*.
He was appointed in 1919, part time, and conducts a
Clinic as a rule at intervals of two weeks for the
examination of cases of Eye Disease and for testing errors
of refraction and prescribing glasses.

2.—CO-ORDINATION.

Your School Medical Officer and Assistant School Medical Officer both participate in the control of the Public Health Department. The closest co-operation therefore exists between School Medical work and the work of the Health Department generally.

Children whose defects have necessitated treatment in our Welfare Centres are retained under the medical observation of myself and my assistant when they enter school life.

One other point of contact is that direct supervision of discharged fever cases treated in the Fever Hospital is retained on leaving and before school re-entry. Those cases of running ears and running noses, septic tonsils, etc., which might possibly be a source of conveying these diseases to the community, can be controlled by the Medical Officer of Health acting as School Medical Officer, thus preventing a possible source of spread of these diseases.

Again, nutritive after-treatment can be followed up by means of attendance at the School Clinic.

The Nursery School as a link between the work of the Welfare Centre and that of the School Clinic has been drawn attention to in several of my previous reports.

One of the reasons why these have not grown to a degree commensurate with the need is the cost of maintenance.

It has now become recognised that the open-air type provides a régime which gives increased benefits to the tiny scholars as well as providing an educational centre in the widest sense of the term, where correct habits can be early inculcated in an environment the most suitable to the earlier years of growth.

3.—SCHOOL HYGIENE AND SANITATION.

Regular attention is paid to the hygienic condition of each School following its medical inspection. In this way the caretakers' omissions are dealt with by the most direct method.

Accommodation.—The new Schools opened last year, High Oakham and St. Philip's, have largely relieved overcrowding.

During 1928 the new Bull Farm Junior School for children from 5 to 11 years has been under construction. It is hoped that when opened early next year this will solve the question of school accommodation for the small children living in the Bull Farm area who have had to attend Broomhill and Pleasley Hill Schools.

Various improvements have been carried out in St. John's and St. Peter's Church of England Schools, where improved sanitary accommodation has been provided. In the latter School, floors have been repaired and an attempt made to improve the ventilation.

An oily preparation for the cleansing of school floors has been experimented with during the year. The results obtained will probably lead to an extended use of this preparation.

4.—MEDICAL INSPECTION.

(a) Age Groups Inspected. These are:—

1. ENTRANTS ... In the first year of school life;
2. MIDDLE GROUP On attaining the age of eight years;
3. LEAVERS ... On attaining the age of 12 years.

The number of children examined in these groups has been:—

Entrants	...	...	848
Middle Group	...	...	1,053
Leavers	...	...	799
			—
Total	...	...	2,700

This total number is lower than last year. Probably the figures of last year were in excess of the "expected" number of children for examination owing to a very vigilant combing out of all cases with the assistance of "Class Registers."

"Special Cases." These are defined as:—

- (1) Cases seen in school at the request of parent or teacher, such children not being eligible under either of the above three routine groups;
- (2) Cases seen by the School Medical Officer in his Inspection Clinic—the first visit only being counted.

The Special Cases seen amounted to 1,777.

Table I. gives a complete return of inspections.

Table II. (a) gives a list of defects found in routine and special cases.

Table II. (b) shows the percentage of children inspected found to require treatment. It is satisfactory to find that this year's figures are much lower than those of last year in each age group.

(b) The Board of Education's Schedule of Medical Inspection was followed throughout the year.

5 & 6.—FINDINGS OF MEDICAL INSPECTION AND MEDICAL TREATMENT.

(a) Uncleanliness.—Regular school visiting by the School Nurses has resulted in a still larger number of head inspections being carried out this year, the total number of head examinations amounting to 27,966.

In addition to the work of the School Nurses, the Teaching Staffs, especially those in charge of girls, have been of great assistance to us.

The figures for the year are:—

		Clean	Moderately Clean (few nits only)	Dirty (vermin and nits)	Total
Senior Girls	...	8,046	891	533	9,470
Infant Girls	...	3,144	835	330	4,309
Senior Boys	...	8,671	792	96	9,559
Infant Boys	...	4,131	431	66	4,628
Totals	...	<u>23,992</u>	<u>2,949</u>	<u>1,025</u>	<u>27,966</u>

Improvement can be noted from the following Table:—

	Clean	Moderately Clean	Dirty
1928	84.6	11.5	3.9
1927	80.3	14.3	5.4
1926	78.3	15.3	6.3
1925	76.3	17.2	6.4

This Table shows a very satisfactory speeding up of the gradually improving conditions of cleanliness in our Schools.

One wonders when that "clean" figure will have reached the 100% mark, and what factors will hasten its arrival.

Only parental awakening can consummate success here. Too often a large family is a serious contributive cause of the perpetuation of this trouble—each member of the household presenting the same symptoms on arrival in school, each requiring the issue and re-issue of the same instructions. These are cases which will be the last to capitulate. So much progress along the path of hygiene has been accomplished that I can look forward to this result being achieved at a none too distant date.

(b) Minor Ailments.—These will be found detailed in Table II. and their treatment in Table IV.

This category includes ringworm, scabies and impetigo cases, minor eye and ear trouble, together with a few miscellaneous medical and surgical conditions.

Many of these would, if not brought into our scheme of treatment, spread infection broadcast or pass from the minor grade of affection into one of greater seriousness.

(c) Enlarged Tonsils and Adenoids.—253 cases of this defect were dealt with last year by operation. This is rather more than were treated in 1927.

This operation, as pointed out in previous reports, will no doubt continue to be required in an increasing number of cases as we learn how much disease of later life may be due to unhealthy conditions of the throat and nasal passages.

The cost of this operative treatment amounted to £189:15:0.

A suggestion was brought forward early in the year that ambulance transport should be available for all cases leaving hospital on the day of the operation.

The Mansfield Borough Division of the St. John Ambulance Brigade very kindly offered to carry out this duty.

During the past year, following 24 operating sessions, this arrangement was carried out. There is no doubt that such provision has been a very great improvement on the previous haphazard methods of taking children home. A Nurse from the School Clinic accompanies each case and thus relieves the child's parent of what has been in the past a very disagreeable duty.

(d) Tuberculosis.—No case of "active" tuberculosis is permitted to attend school. All cases of definite or suspected disease are referred to the Tuberculosis Officer, Dr. C. Kingston, to whom I am much indebted for the thorough care with which every case is investigated, and reports are furnished to me.

I also receive information as regards the possibility of school attendance in those cases which have undergone Sanatorium treatment and have passed into the inactive (resting) stage.

Through the kindness of Dr. R. R. S. Weatherson I am enabled to submit the following figures of children of school age who have undergone Sanatorium treatment during the year under review:—

		Boys	Girls
(a)	Infectious Pulmonary and Glandular disease ...	—	2
(b)	Non-infectious but active Pulmonary disease ...	3	1
(c)	Non-infectious Glandular disease... ...	1	3
(d)	Active Non-Pulmonary disease (abdomen, cervical glands, bone and joint disease)	... ...	4 1

N.B.—Only 14 children were treated, one child being included for purposes of classification under Group (B) and (D).

As well, one other child of school age received treatment for abdominal tuberculosis at Gringley-on-the-Hill Children's Hospital.

(e) Skin Diseases.—The contagious skin diseases, ringworm, impetigo and scabies, are the commonest conditions of this class, and are as a rule passed into our School Clinic for treatment.

Attention has been drawn in previous reports to the need of cleanliness in preventing simple skin wounds turning into septic sores, liable to infect further skin areas and readily communicable to other members of the household.

(f) External Eye Diseases.—This group has had a much lower incidence during the past year, no doubt due to thorough and systematic relief of eye strain by the wearing of appropriate glasses.

Cleanliness no doubt also re-acts on the incidence of this class of defect.

(g) Vision and Squint.—A preliminary refraction is carried out as a part of the routine medical inspection. Any cases with evidence of eye strain or falling below a certain standard of vision are referred to Dr. Reid for detailed refraction and the prescribing of glasses in cases where they are required.

The number of cases thus submitted has been about the same as in the previous year. Every effort is made to see that spectacles are obtained in all cases requiring them.

Older cases are brought for review at regular intervals, and those wearing glasses are entered in a special Register of eye defects kept in each School.

Where the family income has fallen below a fixed scale and parents cannot provide glasses, these have been provided free of cost. During the past year 40 cases were provided with free spectacles.

The cases dealt with during the year will be found in Table IV., Group II.

(h) Ear Disease and Hearing.—Hard wax lying packed up against the drum of the ear is the commonest simple cause of defective hearing. Continuous softening of this wax by means of olive oil will not only relieve earache and improve hearing, but will often restore the function of the external ear in extruding its waxy contents.

Most middle-ear disease is the sequel to infectious disease or neglected adenoids.

All cases of impairment of hearing should be thoroughly investigated and every case placed under suitable treatment.

(i) Dental Defects.—During the year under review the work of our whole-time School Dental Officer, Mr. Stewart, who took up duty on 1st October, 1927, has become consolidated, and under his guidance a very successful year's work has been accomplished in the treatment of this type of defect.

Table IV., Group IV., will give some idea of the amount of work carried through. These figures show an enormous increase on all previous ones.

There has been a very great gain to this department by being able to offer dental treatment on each weekday under the same operator.

The success of such a department must largely be attained by the personality of those in charge. Most dental procedure is painful in character, and so this success must be won by attainment of the confidence both of parent and child. The readiness with which our young patients have attended and re-attended is the most convincing evidence that this work has been very capably carried out.

The number of fillings has been markedly increased. Such conservative work has a great advantage over extractions, inasmuch as it argues the retaining of the useful masticatory function in a tooth re-conditioned into a healthy state. This saved tooth also keeps the jaws in shape up to the time of eruption of the permanent set.

A report from the School Dental Officer will be found in a later part of the report.

(j) Crippling Defects.—Systematic treatment of this class of case was inaugurated under the scheme of treatment approved by the Board of Education on 17th December, 1924.

HOSPITAL TREATMENT.—The following cases were treated surgically at St. Gerard's Hospital, Coleshill, near Birmingham:—

			Admitted	Discharged
1. E.W.	Aged 10 years	Dislocation of hip	1927	1928
2. A.F.	„ 12 „	Injury left knee	„	„
3. H.H.	„ 14 „	Varus—right foot	„	„
4. M.K.	„ 8 „	Pes Cavus	... „	„
5. V.O.	„ 12 „	Pes Cavus	... „	„
6. J.P.	„ 6 „	Torticollis	... 1928	1928
7. E.C.	„ 9 „	Infantile Paralysis	„	„

The boy R.J.S., admitted to St. Andrew's Hospital, Dollis Hill, London, N., on 12th December, 1927, was discharged on

11th June, 1928. This was a case where old scar tissue, arising from burns received in infancy, had bound down the right arm so that it was almost useless. A very great improvement in mobility and usefulness has been obtained by the operation.

OUT-PATIENT TREATMENT.—51 cases received out-patient treatment at the Mansfield and District Hospital.

Most of these are cases which have undergone surgical treatment and attend for after-care, which is so essential to complete recovery. Crippling conditions will readily lapse again into deformity unless strict attention is paid to their subsequent needs.

The type of case receiving such treatment will be seen from the following Table:—

				No. of Cases
Infantile Paralysis	...	...	...	10
Spastic Paraplegia	...	...	...	4
Birth Paralysis	...	...	...	3
Rickets—bow-legs	...	...	...	4
,, knock-knees	...	...	...	4
Club Foot	...	...	...	2
Flat Foot	...	...	...	7
Pes Cavus	...	...	...	3
Torticollis	...	...	...	2
Perthe's Disease	...	...	...	3
Dislocation of Hip (congenital)			...	1
Spinal Curvature	...	...	...	4
Fragilitas Ossium	...	...	...	1
Injury	...	...	...	1
Old Tubercular Knee	...	...	...	1
Ganglion	...	...	...	1
				<hr/>
		Total	...	51
				<hr/>

The cost of this treatment amounted to £121 : 12 : 6.

In connection with the treatment of our Crippled Children we are anticipating next year that we shall be enabled to obtain surgical treatment for all cases at the new Harlow Wood Orthopædic

Hospital, the foundation stone of which was laid on 7th November, 1928, by Her Grace the Duchess of Portland, to whose great interest in Crippled Children we in this district owe so much.

PREVENTION OF CRIPPLING DEFECTS.—One must hope that by the co-operation of all such Health agencies as Welfare organisations, who will teach and supervise infant feeding, Health Committees who will clear away slum property and thus see that growing children are not starved of sunshine and fresh air, and who will carry out food inspection so that all milk will be free from disease-bearing germs, the preventive side of this great question will be enforced.

6.—INFECTIOUS DISEASES.

Notifiable Diseases.—The general incidence of these diseases was low.

The following notifications were received for children of school age.

		Boys	Girls
Diphtheria	...	3	12
Scarlet Fever	...	12	19

One case of diphtheria proved fatal. This child was not admitted to Hospital till the fifth day of the disease. Failure to provide immediate treatment in such cases is the most serious factor in recovery.

All cases of scarlet fever made a good recovery.

Smallpox.—In the Borough of Mansfield six cases of smallpox occurred during the past year. Of these one was a child of school age, an unvaccinated boy thirteen years old. This case was sent to the Spital Hospital and made an uninterrupted recovery. No other cases of the disease were traceable to it.

The proportion of unvaccinated children in our Schools is still very high. Smallpox still lingers in the surrounding districts, so that one fears that its introduction amongst this

high proportion of susceptibles might at some time result in a very high incidence of this serious disease.

Non-Notifiable Diseases.—A good many cases of measles occurred in the months of March and April, the principal Schools affected being Rainworth and Broomhill.

Influenza also accounted for a good deal of low attendance towards the end of the school year.

7.—FOLLOWING UP.

With the excellent parental support which we receive very little following up is required. It is worthy of note that nowadays parents most readily respond, except in a few instances, to the suggestions which are made as regards treatment.

Wayward, ignorant and indifferent parents are, while exceptional, still to be found, however, and these we endeavour to get more directly into touch with by home-visiting.

In those very rare instances where parental disregard of instructions has amounted to neglect, the help of the National Society for the Prevention of Cruelty to Children has been enlisted, with very successful results.

9.—OPEN-AIR EDUCATION.

We have now two Schools, fully described in my last year's report, which are able to provide a semi-open-air education.

The site of the new Open-air School, expected to be built in 1929, has now been acquired. It is one of $5\frac{1}{2}$ acres at the corner of Berry Hill Lane and Black Scotch Lane, purchased from the Miners' Welfare Committee.

This elevated situation is an ideal one, and at the present time its open position, well away from the congestion and smoke

of the town, should contribute all the necessary fresh air and sunshine required for the more delicate type of child.

The School is being planned to accommodate 120 scholars.

10.—PHYSICAL TRAINING.

The classes in physical training are a very popular feature of the ordinary educational work.

In games such as football, cricket, hockey and netball, active enthusiasm has been maintained.

The Annual Sports day was held in the Stadium this year, and demonstrated the interest of parents and children in athletic competition.

Swimming instruction was again available throughout the year, and School Camps have again featured as a popular activity of summer.

The development of the School Camp is one of those “side lines” of educational work which will, I think, yield a large return in health and vigour.

11.—PROVISION OF MEALS.

During the early part of the year the continued depression of trade generally, and the coal mining industry in particular, was causing a good deal of obvious poverty in the Borough.

The Provision of Meals Act was therefore put into operation, and a sub-committee appointed to make the necessary arrangements.

During the term each School had its own feeding arrangements in hand, and during holidays central establishments were kept open at Pleasley Hill and Rosemary Schools.

Numbers attending were initially about 250, this number gradually falling to about 170.

At the close of the year the menu provided was under reconsideration.

The Schools were visited regularly by Dr. Smith and myself during meal times.

While a dietary suitable to the needs of school children is with difficulty adapted to their individual tastes, these meals have, I think, been highly appreciated, and have undoubtedly contributed towards the maintenance of a good standard of nutrition amongst the more poorly fed children.

12.—SCHOOL BATHS.

The Corporation Baths, as in former years, have been fully utilised.

More accommodation is necessary in order to extend complete facilities for bathing for all our children.

The instruction given by Mr. Hare in swimming and diving is most valuable. During the year 45 boys and 17 girls passed the Medal test, and 107 boys and 40 girls obtained a Certificate.

13, 14 & 15.—CO-OPERATION OF PARENTS, TEACHERS AND SCHOOL ATTENDANCE OFFICERS.

Parental interest and support in regard to medical conditions and their correction continue to grow. Every encouragement is given to parents to attend at the medical inspection, and here they are relieved to know that all is well with the child, or they are informed of its physical shortcomings.

To the Teachers we are, I feel, very grateful for their constant support.

The Attendance Officer is one of our most helpful allies, using his influence to see that non-attending children are either

under the care of an outside Doctor or attending the School Clinic.

This department has suffered the loss of a worthy collaborator in the death of Mr. Thornhill during the past year.

16.—CO-OPERATION OF VOLUNTARY BODIES.

The following bodies all take part in various ways in dealing with school children in need of treatment:—

- (a) Mansfield and District Hospital, who treat cases of tonsil and adenoid removal, and receive a good many medical and surgical conditions of children.

Many of the actual children treated by this Institution are not actually referred there by the School Medical Officer. A great many children are being sent to the Hospital for treatment by Ultra Violet Rays.

- (b) The Cripples Guild, through which our crippled children not only receive necessary surgical treatment, but that after-care which is so essential to a complete recovery.
- (c) The National Society for the Prevention of Cruelty to Children, who are often successful in persuading parents to accept treatment, and in improving unsatisfactory home conditions.

17.—BLIND, DEAF AND EPILEPTIC CHILDREN.

The cases under treatment at Special Schools during the year were:—

		Girls	Boys	Total
Deaf ..	...	2	1	3
Epileptic ..	...	0	1	1

These children are all accommodated in outside Schools.

Three children, two girls and one boy, are now awaiting admission to a Blind School when vacancies occur.

Mental Defectives.—Thirty-six fresh cases were inspected, and four were re-examined in detail.

The following classification of the thirty-six children was arrived at:—

				Boys	Girls
Imbeciles	...	...	...	2	1
Idiots	...	...	...	0	0
Feeble-minded (Educable)	...	...	...	2	2
Dull and Backward	...	...	...	9	5
Not certified (to be examined later)				9	3
Passed as of Normal Intelligence	...			3	0

Four other cases were re-inspected during the year.

18.—NURSERY SCHOOLS.

No Nursery Schools are provided.

19.—SECONDARY SCHOOLS.

Very good Secondary Schools are found in the district. These are under the control of the County Education Authority.

20.—CONTINUATION SCHOOLS.

There are no Day Continuation Schools in the town.

21.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Bye-laws regulating the employment of young children under the Employment of Children Act, 1908, and the Education Act, 1918, are in force.

The following Table shows the results of last year's examinations:—

Children working proper hours and physically fit	59
Children whose hours were regulated ...	90
Children noted as having certain defects but not rejected on this account ...	36
Children rejected ...	17
	<hr/>
	TOTAL
	202

Those who were rejected fall under three heads:—

- (a) Street trading.
- (b) Forbidden occupations.
- (c) Children under 12 years of age.

I am not at all averse to boys over 12 years of age following some of these part-time occupations. The boy acquires something of the business instinct, he learns something of the value of money, and the additional contribution which he can add to the family exchequer may be of great value to his parents. He must rise at regular hours, and his occupation is entirely in the fresh air, so that if he adheres to the prescribed hours under these regulations, and is free from physical defects, he should find a great deal of benefit.



GENERAL NOTES.

Stammering Classes.—The two classes under Miss Bearn and Miss Dolman have continued their work throughout the year in the special classes held at King Edward School and Rosemary Street School.

The results noted have been most gratifying. Parents of so called "cured" cases are sometimes disappointed to find some return of the trouble after children have been discharged from the classes. This, however, is due to the neurotic element which lies at the back of all these cases. Any condition which may have a general lowering effect on the health may be the cause of this relapse.

To effect a permanent cure, home influence must be favourable; and if they go to work, they should be surrounded by a similarly sympathetic atmosphere.

To further the interests of these children, it has now been arranged that each teacher will have one hour weekly at her disposal so as to confer with parents in their homes and by school visiting to confer with teachers, so as to promote the most favourable conditions for these children in their class-rooms. This has been carried out since May, and has already yielded very favourable results.

The following Table gives the numbers attending during the year:—

	King Edward Class.	Rosemary St. Class.
In attendance at 1st January, 1928	17	... 16
New admissions	... 4	... 7
Discharged	... 4	... 8
Remaining at end of the year	... 17	... 15

Ultra-Violet Ray Treatment.—This matter was under consideration during the year, but the scheme as applied to school children has not yet been proceeded with.

A good many children of school age are having this treatment at the Mansfield and District Hospital. I consider that there is an ample field for its use, and I am looking forward to such provision being made in connection with our School Clinic.

Whatever be the cause, we have a great many anæmic children in our Schools, as well as many other conditions which would be greatly improved by being able to extend this form of treatment to them at our School Clinic.

An Ultra-Violet Ray Installation should also be included in the equipment of our new Open-air School.



Report of Dental Surgeon for Year 1928.

SCHOOL CLINIC,

RATCLIFFE GATE,

MANSFIELD,

March, 1929.

A well established business will, on examination, be found to have been built up on certain basic principles. Thus, for the success of School Dentistry, one very soon appreciates the dominant fact that the preservation of the six-year-old molar stands out as the main basic principle.

The six-year-old molar is the first permanent tooth to erupt, and is the most important tooth that the school child has. Too often the remark is heard, "I thought it was a baby tooth," when an advanced condition of caries is pointed out to the parent.

In this year's work I thought it would be interesting to find out in figures the number of decayed six-year-old molars. 5,597 children were inspected, and 4,907 six-year-old molars were found to be infected by caries. Unfortunately, out of this number, only 41.4% could possibly be saved.

It is to be hoped that by co-operation of parents and regular inspection of the children this percentage will be increased year by year.

There are other basic principles in School Dentistry, but if progress is to be maintained, the increase of conservative operations over the extractions of these foundation stones—the six-year-old molars—is essential, and all efforts should be made in this direction.

JAMES STEWART, L.D.S., R.C.S. (Edin.).

School Dental Surgeon.

Report of School Oculist for Year 1928.

13, WELLINGTON CIRCUS,

NOTTINGHAM,

February, 1929.

GENTLEMEN,

The Ophthalmic Clinics were held on the second and fourth Wednesdays in each month, with one or two variations, owing to holidays. Attendances have been well maintained.

Four hundred and ninety-nine cases were submitted to a complete examination. A large number were also reviewed, and if on re-testing found satisfactory, were given a further period without any change of glasses.

An increasing number of parents have expressed their appreciation of the efforts made and advice given. I would again impress it upon parents and teachers that no case need hesitate to come either to a Clinic, or if urgent, to the Hospital where I attend every Wednesday at 9 a.m.

Apart from cases called up as a result of the routine examinations at the Schools, we attend to give advice and treatment at the Clinic for all eye conditions. More serious cases can of course be drafted into a Hospital, and this has been done in several instances during the year.

The assiduous attention of the Nurses, and the careful work of Miss Wood, my Refraction Assistant, are beyond all praise.

A. CHRISTIE REID, M.D., D.O. (Oxon.).

MEDICAL INSPECTION RETURNS.

TABLE I.

Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :

Entrants	..	..	..	..	..	..	..	..	..	848
Intermediates	..	..	..	..	..	..	..	..	..	1,053
Leavers	..	..	..	..	..	..	..	..	..	799
										<hr/>
										Total 2,700
										<hr/>

Number of other Routine Inspections —

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	..	..	1,777
Number of Re-Inspections	..	..	..	..	..	..	..	2,844
								<hr/>
								Total 4,621
								<hr/>



TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1928.

DEFECT OR DISEASE	ROUTINE INSPECTIONS			SPECIAL INSPECTIONS	
	No. of Defects	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	No. of Defects	Requiring Treatment
(1)	(2)	(3)	(4)	(5)	
Malnutrition	7	155	19	2	
Uncleanliness : (See Table IV., Group V.)					
Skin					
Ringworm	Scalp	8	3	83	
Body		2	2	75	
Scabies		6	1	37	
Impetigo		18	13	201	
Other Diseases, Non-Tuberculous ..		36	133	132	
Blepharitis		5	20	48	
Conjunctivitis		2	8	16	
Keratitis		—	—	—	
Eye					
Corneal Opacities		—	1	5	
Defective Vision (excluding Squint) ..		91	482	213	3
Squint		18	46	17	1
Other Conditions		1	14	20	
Ear					
Defective Hearing		8	68	22	
Otitis Media		15	18	122	
Other Ear Diseases		14	21	12	1
Nose and Throat					
Enlarged Tonsils only		25	578	99	35
Adenoids only		6	45	23	9
Enlarged Tonsils and Adenoids		234	175	632	69
Other Conditions		12	59	89	1
Enlarged Cervical Glands (Non-Tuberculous) ..		4	634	44	4
Defective Speech		—	79	8	4
Teeth—Dental Diseases		199	1,444	42	—
(See Table IV., Group IV.)					
Heart and Circulation					
Heart Disease	Organic	3	14	11	3
	Functional	1	36	5	11
Anæmia		10	259	106	2
Bronchitis		17	75	95	9
Other Non-Tuberculous Diseases ..		3	20	14	1
Pulmonary	Definite	—	1	9	2
	Suspected	1	—	15	2
	Glands	—	1	9	1
	Spine	—	—	1	1
Non-Pulmonary	Hip	—	—	—	—
	Other Bones and Joints	—	3	4	
	Skin	—	—	1	
	Other Forms	1	1	3	
Nervous System					
Epilepsy		1	1	13	2
Chorea		—	2	15	3
Other Conditions		4	47	4	1
Rickets		4	72	5	1
Deformities					
Spinal Curvature		3	6	5	
Other Forms		8	129	14	7
Other Defects and Diseases		25	495	1,020	17

TABLE II.—*continued.*

B.—Number of individual children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP (1)	Number of Children Inspected (2)	Found to require Treatment (3)	Percentage of Children found to require Treatment (4)
CODE GROUPS :—			
Entrants	848	171	20.2
Intermediates	1,053	220	20.9
Leavers	799	169	21.2
Total (Code Groups)	2,700	560	20.8
Other Routine Inspections —	—	—	—

TABLE III.
Return of all exceptional children in the Area.

			Boys	Girls	Total
Blind (including partially Blind).	(i.) Suitable for training in a School or Class for the totally Blind.	Attending Certified Schools or Classes for the Blind	—	—	—
	(ii.) Suitable for training in a School or Class for the partially Blind.	Attending Public Elementary Schools ..	—	—	—
Deaf (including Deaf and Dumb and partially Deaf)	(i.) Suitable for training in a School or Class for the totally Deaf or Deaf and Dumb.	At other Institutions	—	—	—
	(ii.) Suitable for training in a School or Class for the partially Deaf.	At no School or Institution	—	—	—
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools or Classes for the Deaf	1	2	3
	Notified to the Local Control Authority <i>during the year.</i>	Attending Public Elementary Schools ..	—	—	—
Epileptics.	Suffering from severe Epilepsy	At other Institutions	—	—	—
	Suffering from Epilepsy which is not severe.	At no School or Institution	4	5	9
Physically Defective.	Infectious Pulmonary and Glandular Tuberculosis.	Attending Certified Special Schools for Epileptics	1	—	1
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools ..	4	4	8
		At no School or Institution	2	1	3
		Attending Public Elementary Schools ..	4	5	9
		At no School or Institution	—	—	—
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	1	4
		At other Institutions	—	—	—
		At no School or Institution	—	—	—

TABLE III.—*continued.*

			Boys	Girls	Total
Physically Defective.	Non-Infectious but active Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board..	3	1	4
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools ..	—	—	—
		At Public Elementary Schools ..	8	2	10
Physically Defective.	Delicate Children (<i>e.g.</i> , Pre-or latent Tuberculosis, Mal-nutrition, Debility, Anæmia, etc.).	At other Institutions ..	—	—	—
		At no School or Institution ..	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools ..	—	—	—
Physically Defective.	Active Non-Pulmonary Tuberculosis.	At Public Elementary Schools ..	96	58	154
		At other Institutions ..	—	—	—
		At no School or Institution ..	1	1	2
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board..	5	1	6
Physically Defective.	Crippled Children (other than those with active Tuberculous disease), <i>e.g.</i> , Children suffering from Paralysis, etc., and including those with severe Heart Disease.	At Public Elementary Schools ..	10	9	19
		At other Institutions ..	—	—	—
		At no School or Institution ..	—	—	—
		At Certified Hospital Schools ..	2	5	7
Physically Defective.		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools ..	—	—	—
		At Public Elementary Schools ..	42	46	88
		At other Institutions ..	1	—	1
Physically Defective.		At no School or Institution ..	4	3	7

TABLE IV.

Return of Defects Treated during the year ended
31st December, 1928.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, see Group V.).

DISEASE OR DEFECT (1)	Number of Defects treated, or under treatment during the year.			Total Number of Attendances (5)
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)	
<i>Skin—</i>				
Ringworm-Scalp	65	—	65	592
Ringworm-Body	66	—	66	169
Scabies	8	—	8	130
Impetigo	123	—	123	1,362
Other skin disease	34	—	34	377
<i>Minor Eye Defects</i>				
(External and other, but excluding cases falling in Group II.) ..	43	—	43	599
<i>Minor Ear Defects</i>	70	—	70	905
<i>Miscellaneous</i>				
(e.g., Minor Injuries, Bruises, Sores, Chilblains, etc.)	607	—	607	2,717
Total ..	1,016	—	1,016	6,851

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye
Defects treated as Minor Ailments—Group I.).

DEFECT OR DISEASE (1)	No. of Defects dealt with			
	Under the Authority's Scheme (2)	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme (3)	Otherwise (4)	Total (5)
Errors of Refraction (including Squint)	399	1	39	439
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	60	—	—	60
Total ..	459	1	39	499

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme .. 222 (b) Otherwise .. 39

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme .. 201 (b) Otherwise .. 40

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS				
Received Operative Treatment		Total	Received other forms of Treatment	Total Number Treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme			
257	19	276	237	513

GROUP IV.—DENTAL DEFECTS.

(1) Number of children who were :—		(2) Half-days devoted to :—	
(a) Inspected by the Dentist :—		Inspection ..	35
Aged :—		Treatment ..	410
Routine Age Groups	5 118		Total 445
	6 807		
	7 821		
	8 793		
	9 676	Total	
	10 634	5,715	
	11 307		
	12 696		
	13 728		
	14 135		
Specials 121			
Grand Total 5,836			
(b) Found to require treatment 4,460			
(c) Actually treated .. 2,671			
(d) Re-treated during the year as the result of periodical exam. .. 1,160			
		(5) Extractions :—	
		Permanent Teeth .. 1,365	
		Temporary Teeth .. 6,477	
		Total 7,842	
(6) Administrations of general anaesthetics for extractions 2,450			
(7) Other Operations :—			
		Permanent Teeth .. 258	
		Temporary Teeth .. 18	
		Total 276	
(8) Local anaesthetics 688			

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

Average number of Visits per School made during the year by the School Nurses	11.25
Total number of examinations of children in the Schools by School Nurses	27,966
Number of individual children found unclean	3,974
Number of children cleansed under arrangements made by the Local Education Authority	—
Number of cases in which legal proceedings were taken :—	
Under the Education Act, 1921	—
Under School Attendance Byelaws	—
Number of children found by Medical Officers to be verminous ..	42



